

Clinton Twp Vol Fire Co.

2311 State Rt 54
Montgomery, PA 17752

**Employment
Application**

Position (s) Applied for:

Full Time Auxillary

Part Time Active

_____ Salary Desired

_____ Shift preferred

_____ Date Available for work

DO NOT WRITE IN THIS BOX

Start Date: _____

Full/Part Time Rate: _____

Start Date: _____

Social Security No. - -

Name _____ Telephone No. (____) _____

Last First MI area code

E-Mail Address _____

Present Address _____

No. Street

City State Zip

If hired, can you furnish proof that you are eligible to work in the U.S.?
(Proof of citizenship or immigration status will be required upon employment) Yes ___ No ___

If you are under 18 yrs of age can you provide required proof of eligibility to work? Yes ___ No ___

Do you have any relatives who work for this company?
If yes, please provide the following information: Yes ___ No ___

_____ _____

Name Occupation

_____ _____

Name Occupation

Are you currently employed? Yes ___ No ___

May we contact your present/previous employers? Yes ___ No ___

Are you currently on "lay off" status and subject to recall? Yes ___ No ___

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Are you a High School Graduate or hold a G.E.D.

Yes___ No___

If no, what was the last grade completed? _____

POST HIGH SCHOOL OR OTHER EDUCATION

School	Name and Address Of school	Course of Study	Check last year Completed				List diploma or degree And year received or Rank at discharge
			1	2	3	4	
Trade/College			1	2	3	4	
Military			1	2	3	4	
Other			1	2	3	4	

Are you attending any school now?

Yes___ No___

If yes, where? _____ Course Title(s) _____

Class Hours _____ Days of week _____

Expected date of completion _____
Mo. Day Yr.

Please list any additional schooling, training, job experience or skills which you feel would qualify you for a position with this company.

Are you able to travel to out-of-town locations, including overnight trips?
If no, please explain

Yes___ No___

Do you have a valid driver's license for the state of PA? License # _____

Yes___ No___

During the past 7 years have you ever been denied a driver's license,
Or convicted of a moving traffic offense, including, but not limited to,
Driving while intoxicated or reckless driving? If yes, please explain.

Yes___ No___

Have you been convicted of a felony, or released from prison in the past ten years?
If yes, please explain.

Yes___ No___

Are you charged with an unresolved criminal charge (have you been charged with a
crime that has not et resulted in a plea of guilty, court trial or a dropping of the charge)?

Yes___ No___

***Note: use the back of the paper for additional space if needed for explanations**

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EMPLOYMENT RECORD

(Start with last or current employment – including any periods of self employment)

<table border="1"> <tr> <td colspan="5">EMPLOYMENT DATE</td> <td colspan="5">NAME AND LOCATION OF EMPLOYER</td> </tr> <tr> <td colspan="2">FROM</td> <td colspan="2">TO</td> <td rowspan="2">NAME</td> <td colspan="5" rowspan="2">ADDRESS</td> </tr> <tr> <td>MO</td> <td>YR</td> <td>MO</td> <td>YR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="5"></td> </tr> <tr> <td colspan="10">SUPERVISOR'S NAME</td> </tr> <tr> <td colspan="10">REASON FOR LEAVING</td> </tr> <tr> <td colspan="10"> </td> </tr> <tr> <td colspan="5">STARTING SALARY</td> <td colspan="5">LAST SALARY</td> </tr> </table>	EMPLOYMENT DATE					NAME AND LOCATION OF EMPLOYER					FROM		TO		NAME	ADDRESS					MO	YR	MO	YR											SUPERVISOR'S NAME										REASON FOR LEAVING																				STARTING SALARY					LAST SALARY					<table border="1"> <tr> <td colspan="10">Job Title and Full Description of Duties</td> </tr> <tr> <td colspan="10">Job Title</td> </tr> <tr> <td colspan="10">Duties:</td> </tr> <tr> <td colspan="10"> </td> </tr> <tr> <td colspan="10"> </td> </tr> <tr> <td colspan="10"> </td> </tr> </table>	Job Title and Full Description of Duties										Job Title										Duties:																																							
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APPLICANT STATEMENT

Please read before signing.

If you have any questions about this statement, please ask a Personnel Representative.

In consideration of my employment, I agree my employment and pay can be terminated with or without cause, for any reason, and with or without notice at any time at the option of either the Employer or me. No promises, statements or representation to the contrary have been made to me and I understand no such promises or representations are binding on the Employer.

I understand that nothing contained in the application, in any interview, in any benefit books or summaries I receive, or in any dealing I have with the Employer is intended to create a contract between the Employer and me either for employment or for benefits, or to obligate the Employer in any way. If employed, I understand and agree that my employment is not for a definite period of time and that either I or the Employer have the right to terminate my employment at any time for any reason.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that misrepresentation of any material fact may be cause for rejection on my application or termination of my employment. I understand also that if employed I am required to abide by all rules and regulations of the company.

Date _____
Mo. Day Yr

Applicant's Signature

All phases of employment with the Clinton Twp Vol. Fire Company and Affiliate companies are based strictly upon qualifications of the individual as related to the work requirements of the position. This policy is applied without regard to race, sex, color, religion, national origin, ancestry, age, disability, or veteran status. Reasonable accommodations will be made for qualified individuals with disabilities where such accommodations would not result in "undue hardship" to the employer. If you believe you have been discriminated against you may notify the Equal Employment Opportunity Commission or other agencies.

An Equal Opportunity Employer

Do not Write Below This Line – Office use Only	
Date Interviewed:	Interviewed By: